

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing  <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16(e) Required)	Attorney Docket No.	MCA-640
	First Named Inventor	Phillip Clark
	COMPLETE IF KNOWN	
	Application Number	10/602,426
	Filing Date	June 24, 2003
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:  
My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIFUNCTIONAL VACUUM MANIFOLD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

June 24, 2003

as United States Application Number or PCT International

Application Number 10/602,426 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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**DECLARATION – Utility or Design Patent Application**

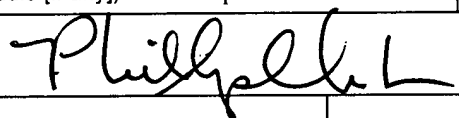
Direct all correspondence to:

☐ Customer Number

Name	Kevin S. Lemack				
Address	Niels & Lemack				
	176 E. Main Street – Suite 7				
City	Westboro	State	MA	Zip Code	01581
Country	US	Telephone	508-898-1818	Fax	508-898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

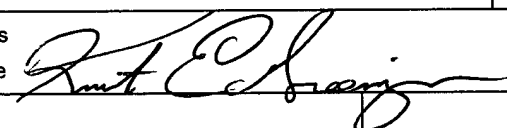
**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Phillip		Family Name or Surname	Clark	
Inventor's Signature					Date
Residence: City	Wakefield	State	Massachusetts	Country	US
Citizenship	US				

Mailing Address 14 Richardson Avenue

City	Wakefield	State	Massachusetts	Zip	01880	Country	US
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**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Kurt E.		Family Name or Surname	Greenizen	
Inventor's Signature					Date
Residence: City	Haverhill	State	Massachusetts	Country	US
Citizenship	US				

Mailing Address 27 Victor Street – Apt. 20

City	Haverhill	State	Massachusetts	Zip	01832	Country	US
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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box

+

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## DECLARATION

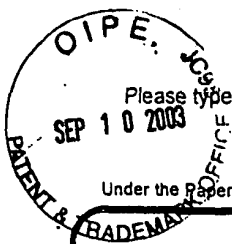
ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John		Doyle	
Inventor's Signature <i>John Doyle</i>		Date <i>8/11/03</i>	
Residence: City	Kensington	State	New Hampshire
Country	US	Citizenship	US
Mailing Address 60 Cottage Road			
City	Kensington	State	New Hampshire
ZIP	03833	Country	US

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/81 (10-00)  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/602,426
Filing Date	June 24, 2003
First Named Inventor	Phillip Clark
Group Art Unit	
Examiner Name	
Attorney Docket Number	MCA-640

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029
Robert Frame	P54,104

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

☒ Applicant/Inventor.

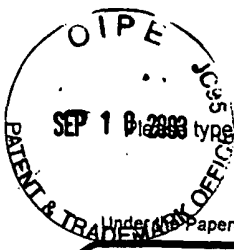
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Phillip Clark	Kurt E. Greenizen
Signature		
Date	8/8/03	8/11/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.



SEP 18 2003

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PTO/SB/81 (10-00)

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OR

☒ Firm or  
Individual Name

Kevin S. Lemack

Address Nields &amp; Lemack

Address 176 E. Main Street

City Westboro State MA Zip 01581

Country U.S.A.

Telephone (508) 898-1818 Fax (508) 898-2020

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name John Doyle

Signature 

Date 8/11/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.